

NOTICE OF INDEPENDENT REVIEW DECISION

June 17, 2003

RE: MDR Tracking #: M2-03-1115-01-SS
IRO Certificate #: IRO4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___'s health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient injured his back on ___ while picking up a block of concrete. He began extensive physical therapy and work hardening. In addition, he underwent three lumbar facet injections with reported pain relief for three weeks. His latest MRI performed 03/12/03 revealed no tear of herniation but mild facet arthropathy at L4-5 and severe facet arthropathy at L5-S1.

Requested Service(s)

Pain management rhizotomies at L3-4, L4-5, and L5-S1 bilaterally

Decision

It is determined that the proposed pain management rhizotomies at L3-4, L4-5, and L5-S1 bilaterally are not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient was determined to be at maximum medical improvement with 5% permanent impairment on 08/01/02. An MRI from 03/12/03 revealed mild facet arthropathy present at L4-5 and severe at L5-S1. The proposed bilateral rhizotomies at L3-4, L4-5, and L5-S1 bilaterally are not medically necessary. A study by Jerosch et al involving 93 patients had lumbar percutaneous radiofrequency denervation.

The results revealed that without pain reduction after facet infiltration, the success rate after the lumbar percutaneous radiofrequency denervation is low. Spinal surgery prior to lumbar percutaneous radiofrequency denervation significantly reduces the success rate. The worst prognoses were workman's compensation cases at a recurrence of 74% within the first 6 months. (Jerosch J, Castro WH, Halm H, Muller-Silvergieter G, [Long-term results following percutaneous facet coagulation] Z Orthop Ihre Grenzgeb, 1993 May Jun; 131(3): 241-7).

LeClaire et al performed a prospective double-blind randomized controlled trial to assess the efficacy of percutaneous radiofrequency articular facet denervation for low back pain. The authors concluded that although radiofrequency facet joint innervation may provide some short term improvement in functional disability among patient's with chronic low back pain, the efficacy of this treatment has not been established (LeClaire R, Fortin L, Bergeron YM, Rossignol M., "Radiofrequency facet joint denervation in the treatment of low back pain: a placebo-controlled clinical trial to assess efficacy", Spine 2001 Jul 1; 26(13): 1411-6; discussion 1417). In addition, the level L3-4 in the proposed treatment was not identified as problematic. Therefore, it is determined that the proposed pain management rhizotomies at L3-4, L4-5, and L5-S1 bilaterally are not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 17th day of June 2003.